**CERTIFICATE**

SUBJECT: - **TENTATIVE SENIORITY LIST OF PMS BS-19 OFFICERS STOOD ON 12.01.2024**

 It is certified that I have gone through my particulars mentioned at Sr. No. \_\_\_\_\_\_\_\_\_\_\_ of the tentative seniority list of PMS BS-19 Officers and found them correct, except at the following columns: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Column No.** | **Present entry** | **To be replaced by** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 The following discrepancies are also brought in to the notice: -

 1.

 2.

 Note: - Additional sheet may be used, if required, please.

|  |  |
| --- | --- |
| Name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BPS  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Group | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dated  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Qualification  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be indicated) |

**SIGNATURE**

**CERTIFICATE**

SUBJECT:- **TENTATIVE SENIORITY LIST OF PMS BS-18 OFFICERS STOOD ON 12.01.2024**

 It is certified that I have gone through my particulars mentioned at Sr. No. \_\_\_\_\_\_\_\_\_\_\_ of the tentative seniority list of PMS BS-18 Officers and found them correct, except at the following columns:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Column No.** | **Present entry** | **To be replaced by** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 The following discrepancies are also brought in to the notice: -

 1.

 2.

 Note: - Additional sheet may be used, if required, please.

|  |  |
| --- | --- |
| Name  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BPS  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Group | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Designation | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dated  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Qualification  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must be indicated) |

**SIGNATURE**